



2013 Arizona ATS Test

Test: 400-00-7508

Form: 140

Description: Resident, Head of Household, 1 Dependent

Forms used

Form 140

Other

Tax Due; Voluntary Contributions increase Amount Owed

Income Information

Wages from one W-2 Form

Total

13,200

Arizona

13,200

Federal AGI

25,241

Deductions and Adjustments

Itemized Deduction (uses IRS Schedule A)

Total

13,795

Arizona

13,795

Arizona Form 140 Resident Personal Income Tax Return

FOR
CALENDAR YEAR
2013

OR FISCAL YEAR BEGINNING MM, DD, YYYY AND ENDING MM, DD, YYYY **66**

82F ☐ Check box 82F if filing under extension

1 Your First Name and Middle Initial BABY	Last Name SITTER	Enter your SSN(s).	Your Social Security No. 400 00 7508
1 Spouse's First Name and Middle Initial (if box 4 or 6 checked)	Last Name		Spouse's Social Security No.
2 Current Home Address - number and street, rural route 222 NURSERY LN		Apt. No. 27-B	Daytime Phone (with area code) 94 (602) 666-1313
3 City, Town or Post Office PHOENIX	State AZ	ZIP Code 85007	Last Names Used in Prior Year(s)

EXEMPTIONS	4 <input type="checkbox"/> Married filing joint return	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88	
	5 <input checked="" type="checkbox"/> Head of household - Enter name of qualifying child or dependent on next line: JOHN DOE		
	6 <input type="checkbox"/> Married filing separate return. Enter spouse's name and Social Security No. above.		
	7 <input type="checkbox"/> Single		
	↓ Enter the number claimed. Do not put a check mark.		
	8 <input type="checkbox"/> Age 65 or over (you and/or spouse)		
9 <input type="checkbox"/> Blind (you and/or spouse)	81 PM	80 RCVD	
10 1 Dependents. From page 2, line A2 - do not include self or spouse.			
11 Qualifying parents and grandparents. From page 2, line A5.			

12 Federal adjusted gross income (from your federal return)	12	25,241	00
13 Additions to income (from page 2, line B12)	13		00
14 Subtotal: Add lines 12 and 13, and enter the total	14	25,241	00
15 Subtractions from income (from page 2, line C17 or line C30)	15	2,300	00
16 Net capital gain or (loss): 16A 00 Net long-term capital gain subtraction (from page 2, line D34)	16		00
17 Arizona adjusted gross income. Subtract lines 15 and 16 from line 14, and enter the difference	17	22,941	00
18 Deductions: Check box and enter amount. See instructions 18I <input checked="" type="checkbox"/> ITEMIZED 18S <input type="checkbox"/> STANDARD	18	13,795	00
19 Personal exemptions. See instructions	19	4,200	00
20 Arizona taxable income: Subtract lines 18 and 19 from line 17. If less than zero, enter zero	20	4,946	00
21 Compute the tax using amount on line 20 and Tax Table X, Y or Optional Tax Tables	21	128	00
22 Tax from recapture of credits from Arizona Form 301, Part II, line 36	22		00
23 Subtotal of tax: Add lines 21 and 22	23	128	00
24 Family income tax credit (from worksheet in the instructions)	24		00
25 Credits from Arizona Form 301, Part II, line 69, or Forms 310, 321, 322, and 323 if Form 301 is not required	25		00
26 Credit type: Enter form number of each credit claimed 26 13 13 13 13			00
27 Balance of tax: Subtract lines 24 and 25 from line 23. If the sum of lines 24 and 25 is more than line 23, enter zero	27		00
28 Arizona income tax withheld during 2013	28	125	00
29 Arizona estimated tax payments for 2013	29		00
30 2013 Arizona extension payment (Form 204)	30		00
31 Increased Excise Tax Credit (from Form 140PTC or worksheet - see instructions)	31		00
32 Property Tax Credit from Form 140PTC	32		00
33 Other refundable credits: Check the box(es); enter the amount 331 <input type="checkbox"/> 308-I 332 <input type="checkbox"/> 342 333 <input type="checkbox"/> 349 334 <input type="checkbox"/> 350	33		00
34 Total payments/refundable credits: Add lines 28 through 33	34	125	00
35 TAX DUE: If line 27 is larger than line 34, subtract line 34 from line 27 and enter amount of tax due. Skip lines 36, 37 and 38	35	3	00
36 OVERPAYMENT: If line 34 is larger than line 27, subtract line 27 from line 34 and enter amount of overpayment	36		00
37 Amount of line 36 to be applied to 2014 estimated tax	37		00
38 Balance of overpayment: Subtract line 37 from line 36	38		00
39 - 48 Voluntary Gifts to:			
Child Abuse Prevention 41 25 00	Solutions Teams Assigned to Schools 39 00	Arizona Wildlife 40 00	
National Guard Relief Fund 44 00	Domestic Violence Shelter 42 25 00	Political Gift 43 00	
Veterans' Donations Fund 47 00	Neighbors Helping Neighbors 45 25 00	Special Olympics 46 25 00	
	I Didn't Pay Enough Fund 48 00		
49 Voluntary Political Gift (check only one): 491 <input type="checkbox"/> Americans Elect 492 <input type="checkbox"/> Democratic 493 <input type="checkbox"/> Green 494 <input type="checkbox"/> Libertarian 495 <input type="checkbox"/> Republican			
50 Estimated payment penalty; MSA penalty; and AZ Long-Term Health Care Savings Account (AZLTHSA) penalty			
51 511 <input type="checkbox"/> Annualized/Other 512 <input type="checkbox"/> Farmer or Fisherman 513 <input type="checkbox"/> Form 221 attached 514 <input type="checkbox"/> MSA Penalty 515 <input type="checkbox"/> AZLTHSA Penalty			
52 Total of lines 39 through 48 and 50			
53 REFUND: Subtract line 52 from line 38. If less than zero, enter amount owed on line 54			
Direct Deposit of Refund: Check box 53A if your deposit will be ultimately placed in a foreign account; see instructions. 53A <input type="checkbox"/>			
ROUTING NUMBER 98 0000000000 ACCOUNT NUMBER 00000000000000000000 C <input type="checkbox"/> Checking or S <input type="checkbox"/> Savings			
54 AMOUNT OWED: Add lines 35 and 52. Make check payable to Arizona Department of Revenue; include SSN on payment. 54 103 00			

ONE STAPLE. NO TAPE.

Place any required federal and AZ schedules or other documents after Form 140 page 2; staple to upper left corner.

Your Name (as shown on page 1) BABY SITTER	Your Social Security No. 400-00-7508
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If completing Part A, also complete Part C, lines C15 and/or C16 and C17.

A1 List children and other dependents. Do not list yourself or spouse. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2013
JOHN DOE	600-00-2008	SON	12

A2 Enter total number of persons listed in A1 here and on the front of this form, box 10; **also complete Part C below**.....

A2 1

A3 a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

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b Enter the dependents listed above who were not claimed on your federal return due to education credits:

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A4 List qualifying parents and grandparents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or grandparent, see instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2013

A5 Enter total number of persons listed in A4 here and on the front of this form, box 11

A5

B6 Non-Arizona municipal interest.....	B6	00
B7 Ordinary income portion of lump-sum distributions excluded on your federal return.....	B7	00
B8 Total federal depreciation. Also see the instructions for line C22	B8	00
B9 Medical savings account (MSA) distributions. See page 7 of the instructions.....	B9	00
B10 Reserved	B10	
B11 Other additions to income. See instructions and attach your own schedule.....	B11	00
B12 Total: Add lines B6 through B11. Enter here and on the front of this form, line 13	B12	00

C13 Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	C13	00
C14 Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	C14	00
C15 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	C15	2,300 00
C16 Exemption: Qualifying parents and grandparents. Multiply box 11, page 1, by \$10,000	C16	00

C17 Total exemptions: Add lines C13 through C16. If you have no other subtractions from income, skip lines C18 through C30 and enter the amount on line C17 on Form 140, Page 1, line 15	C17	2,300 00
C18 Interest on U.S. obligations such as U.S. savings bonds and treasury bills	C18	00
C19 Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	C19	00
C20 Arizona state lottery winnings included as income on your federal return (up to \$5,000 only).....	C20	00
C21 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxable amount)	C21	00
C22 Recalculated Arizona depreciation	C22	00
C23 Certain wages of American Indians	C23	00
C24 Income tax refund from other states. See instructions.....	C24	00
C25 Deposits and employer contributions into MSAs. See page 11 of the instructions	C25	00
C26 Adjustment for I.R.C. §179 expense not allowed.....	C26	00
C27 Pay received for active service as a member of the reserves, national guard or the U.S. armed forces	C27	00
C28 Net operating loss adjustment. See instructions before you enter any amount here	C28	00
C29 Other subtractions from income. See instructions and attach your own schedule	C29	00
C30 Total: Add lines C17 through C29. Enter here and on the front of this form, line 15	C30	2,300 00

D31 Enter the total net short-term capital gain or (loss) included on page 1, line 12.....	D31	00
D32 Enter the total net long-term capital gain or (loss). Enter the amount from your worksheet, line 12, column (b)	D32	00
D33 Enter the net long-term capital gain from assets acquired after December 31, 2011 (from your worksheet, line 12, column (d))	D33	00
D34 Multiply line D33 by 10% (.10). Enter here and on page 1, line 16.....	D34	00

PLEASE SIGN HERE	I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	YOUR SIGNATURE _____	DATE _____	TAX PREPARER
	SPOUSE'S SIGNATURE _____	DATE _____	SPOUSE'S OCCUPATION _____
	PAID PREPARER'S SIGNATURE _____	DATE _____	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____
	PAID PREPARER'S STREET ADDRESS 4569 PALM GROOVE LN		PAID PREPARER'S TIN P24690008
	PAID PREPARER'S CITY FRANKLIN NC	ZIP CODE 28734	PAID PREPARER'S PHONE NO. () - -

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.

22222		a Employee's social security number 400-00-7508		OMB No. 1545-0008			
b Employer identification number (EIN)				1 Wages, tips, other compensation 13,200.00		2 Federal income tax withheld 1,200.00	
c Employer's name, address, and ZIP code TINY TOTS 222 NURSERY LN PHOENIX AZ 85007				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. BABY SITTER 222 NURSERY LANE PHOENIX AZ 85007				11 Nonqualified plans		12a C o d e	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e	
				14 Other		12c C o d e	
						12d C o d e	
f Employee's address and ZIP code							
15 State Employer's state ID number AZ 41-5555555		16 State wages, tips, etc. 13,200.00		17 State income tax 125.00		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** **Wage and Tax Statement**
Copy 1—For State, City, or Local Tax Department

2013

Department of the Treasury—Internal Revenue Service